

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026210

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 896

FILED JUL 23 1962

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Poplar Bluff

Length of stay in 1b

17 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

1715 Marshall

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Butler

c. CITY
OR
TOWN Poplar Bluff

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS 1715 Marshall

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CLARA

Middle

ETTA

Last

NELSON

4. DATE
OF
DEATH

Month

July

Day

15,

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

3/13/1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months 4 Days 2 Hours Min.

IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

N eelyville, Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

George Bassford

13b. MOTHER'S MAIDEN NAME

Ella Williams

14. NAME OF HUSBAND OR WIFE

Myrl Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Myrl Nelson, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Presumed to be natural Causes

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at 12:30 A. M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Thelma Graham

(Degree or title)

Local Registrar
of Butler Co.

22b. ADDRESS

801 Arthur St. Poplar Bluff Mo

22c. DATE SIGNED

7/19/1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7/17/1962

23c. NAME OF CEMETERY OR CREMATORY

Antioch

23d. LOCATION (City, town, or county)

Ripley Co. Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Frank-Cotrell Chapel, Poplar Bluff, Mo. 7/19/1962.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10128

20128

3

4 1

5 1

6

7 0

8 2

9 7954

10

11

12 90-8

13 1-0

JUL 25 1962

AUG 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Scott Catrell, Student Embalmer No. 658

working under my personal supervision.

Student Scott Catrell
Signature of Student Embalmer

Signed Edgar W. Taffan

Licensed Embalmer No. 3394

P. O. Address Poplar Bluff, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.